

AREA Oakhurst (456)	DIVISION Central	NUMBER CHP. 17
EVALUATED BY D. Torres, 17497		DATE 07/29/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW Lieutenant S. Adams	
BY		DATE 10/14/2009	
1. COMMAND INVOLVEMENT		EVALUATED Yes	ACTION REQUIRED No

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION		EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area has a certified OST instructor who ensures each uniformed employee receives 8 hours of OST training annually.		

(5) Have the supervisor and his/her alternate received proper training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are officers familiar with all aspects of the radio control head?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3(d) and 3(d)(1) - Officers carry the ASP.

2(d) - The Area has one OST instructor.

4(b) - Numerous officers are behind in range shoots.

4(h) - The Area does not have an ammunition officer who provides oversight and accountability to the armory inventory.

4(e)(1)(b) - Shotgun inspections are behind.

4(e)(2)(b) - Rifle inspections are behind.

4(j)(1) - Primary firearm 6 month field strips are behind.

5(b) and 6(b)- Not observed due to a lack of available personnel for inspection.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Oakhurst	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 7/29/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: DIVISION Due Date: 10/21/09	<i>St. Andrew Adams</i>	
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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Inspector's Findings:

The Area's range officer is responsible for inputting shooting records, inventorying the ammunition, ordering ammunition, and receiving ammunition. Policy requires there be a designated ammunition officer to provide accountability and oversight for the ammunition.

The Area's training records indicate 4 of 17 officers are three months behind in range shoots, and 9 of 17 officers are four months behind in range shoots.

The Area's records indicate they are behind on their shotgun and rifle quarterly inspection/cleaning.

The Area has one OST instructor. Based on the Area's staffing, two OST instructors would be beneficial.

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Finding 1 – Concur: Area recognizes the need for separation of ammunition accounting duties. Effective immediately, a second officer, other than the weapons officer shall order, receive, rotate, retrieve, and record all movements of ammunition. In the absence of the second officer, the Training Sergeant shall be responsible for accomplishing the required task(s).

Finding 2 – Concur: Area weapons officer shall provide the CHP 416 to the Area commander following range training to report who has completed training and who failed to attend when scheduled. This procedure should avoid anyone being more than one month behind in weapons training.

Finding 3 – Concur: The Training Sergeant will be responsible for keeping a suspense system indicating quarterly inspections or cleaning is required for shotgun and rifle maintenance. The Training Sergeant will then schedule a day or more for the maintenance to be accomplished. The weapons officer will be responsible for maintaining the required documentation of the weapons maintenance (CHP 311 via ETRS).

Finding 4 – Concur: The Area had scheduled an officer to attend the 80-hour PMA OST training course in October, 2009. Due to an off-duty injury, the training could not be accomplished. The Area still intends a second officer be trained to provide certification and remedial instruction if necessary.

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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)


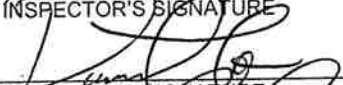

Required Action

Corrective Action Plan/Timeline

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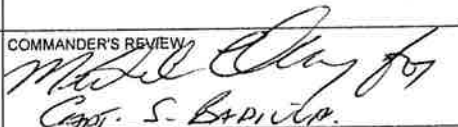
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<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/14/09
	INSPECTOR'S SIGNATURE 	DATE 10/29/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09

AREA Merced 460	DIVISION Central 401	NUMBER Ch. 17
EVALUATED BY Vaccarezza 17286		DATE 09/16/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW  BY _____	
<input type="checkbox"/> Correction Report DATE 11/24/09		EVALUATED Yes	
ACTION REQUIRED No		CORRECTED	

1. COMMAND INVOLVEMENT

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes ☒ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

- | | | |
|------------------|-----------------------|-----------|
| EVALUATED
Yes | ACTION REQUIRED
No | CORRECTED |
|------------------|-----------------------|-----------|
- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? Good, Area has an effective OST program.		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA MANAGEMENT EVALUATION
OFFICER SAFETY
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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Several officer's 100 forms had supervisors comments that were titled "Officer Safety" under this heading several of the department's goals were listed. Occupational safety comments should be separate from departmental goals on 100 forms.

Section 3. OC is carried by uniformed personnel, there were no use of force incidents utilizing OC during the time period being evaluated.

Section 5. Due to time constraints and a lack of equipment Section 5b1-9 were not observed. Items were discussed with participating Officers.

Section 6. Enforcement stops were not observed due to time constraints. Topics were discussed with participating Officers.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Merced-460	Division: Central-401	Chapter: 17
Inspected by: Vaccarezza		Date: 09/17/2009

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Central Division Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
--

Inspector's Findings: Area has good training program and records. Sergeant's comments regarding officer safety on CHP 100 forms should relate to officer safety and occupational safety not the department's goals.
--

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Area concurs the "Officer Safety/Occupational Safety Tip" heading on many CHP 100 forms pertain to departmental goals and not officer safety and/or occupational safety. Area supervisors have been made aware of the need to utilize this heading to stress officer safety and occupational safety tips and comment on departmental and Area goals in the general comments section.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Merced-460	Division: Central-401	Chapter: 17
Inspected by: Vaccarezza		Date: 09/17/2009

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Required Action
Corrective Action Plan/Timeline

Area supervisors were made aware of the deficiency and the need to utilize the "Officer Safety" heading to stress officer safety and occupational safety tips and to comment on departmental and Area goals in the general comments section. The Area training supervisor will periodically review CHP 100 forms to ensure this practice is maintained.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/26/09
	INSPECTOR'S SIGNATURE 	DATE 10/26/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09

AREA Los Banos 461	DIVISION Central 401	NUMBER <i>CH. 17</i>
EVALUATED BY Vaccarezza		DATE 09/21/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>WBA</i>	
<input type="checkbox"/> Correction Report BY _____		DATE <i>10/14/09</i>	

1. COMMAND INVOLVEMENT

EVALUATED <i>YES</i>	ACTION REQUIRED <i>NO</i>	CORRECTED
-------------------------	------------------------------	-----------

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED <i>YES</i>	ACTION REQUIRED <i>NO</i>	CORRECTED
-------------------------	------------------------------	-----------

- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?		
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) What is the quality and quantity of the training being given? Area is having eight hour OST training days. The Area needs to send more officers to OST instructor school to reach the one to eight instructor to student ratio. The Area needs gloves and bags to practice personal weapons strikes with.		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?			
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<i>N/A</i>		
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<i>N/A</i>		
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<i>N/A</i>		

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
8. FORCIBLE STOPS	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(2) Have forcible stop reports been reviewed for compliance with policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9. ROADBLOCKS	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
10. RADIO FAMILIARIZATION	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

The area needs to send more qualified officers to OST instructor school.

Section 3. OC us carried by all uniformed personnel but no use of OC was recorded for the time period being evaluated.

Section 5b(1)-(9) Not observed due to time constraints and lack of OST equipment. Topics discussed with participating Officers.

Section 6. No enforcement contacts were observed due to time constraints. Topics were discussed with Officers.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 4

Command: Los Banos	Division: Central	Chapter: 17
Inspected by: Vaccarezza 17286		Date 09/21/2009:

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
--

Inspector's Findings: The area needs 3 additional OST instructors.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: Los Banos	Division: Central	Chapter: 17
Inspected by: Vaccarezza 17286		Date 09/21/2009:

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Page 3 of 4

Command: Los Banos	Division: Central	Chapter: 17
Inspected by: Vaccarezza 17286		Date 09/21/2009:

Required Action

Corrective Action Plan/Timeline

The Los Banos will add additional OST Instructors as soon as OST Instructor classes are available.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/14/09
	INSPECTOR'S SIGNATURE 	DATE 09/21/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 4 of 4

Command: Los Banos	Division: Central	Chapter: 17
Inspected by: Vaccarezza 17286		Date 09/21/2009:

AREA 464	DIVISION Central	NUMBER CH. 17
EVALUATED BY Vaccarezza, 17286		DATE 09/29/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>[Signature]</i>	DATE 10/14/09
BY _____		EVALUATED YES	ACTION REQUIRED NO

1. COMMAND INVOLVEMENT

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? Area is dedicating sufficient time to training and instructors are proficient.		

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3. SAFETY EQUIPMENT	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
8. FORCIBLE STOPS	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(2) Have forcible stop reports been reviewed for compliance with policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9. ROADBLOCKS	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
10. RADIO FAMILIARIZATION	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

The range officer handles ammo inventory and records shoots into ETRS. A designated ammunition officer is required, to insure accountability.

Section 3. Uniformed personnel carry OC but no OC was used during the time period being evaluated.

Section 5b(1)-(9) Was not evaluated due to time constraints and lack of OST equipment. Topics discussed with participating Officers.

Section 6. Enforcement stops were not observed due to time constraints however the topics were discussed with participating Officers.

Section 7(3) Area is a scales facility and had no primary pursuits to evaluate.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: CRIF 464	Division: Central	Chapter: 17
Inspected by: Vaccarezza 17286		Date: 09/29/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
--

Inspector's Findings: The area range/training coordinator is responsible for inputting shoots, inventorying ammunition and receiving ammunition. Policy requires a there be a designated ammunition officer to provide accountability. Quarterly ammunition audits should be placed with the CHP 416s.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: CRIF 464	Division: Central	Chapter: 17
Inspected by: Vaccarezza 17286		Date: 09/29/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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COMMAND INSPECTION PROGRAM
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Command: CRIF 464	Division: Central	Chapter: 17
Inspected by: Vaccarezza 17286		Date: 09/29/2009

Required Action

Corrective Action Plan/Timeline

Due to the limited number of personnel assigned to the Chowchilla River Inspection Facility, we have one officer who serves as the Facility Coordinator, Public Information Officer, Training Officer, Range Officer and Ammunition Officer. When ammunition is received, the ammunition officer and another member of the command account for the delivery. The ammunition officer is never solely responsible for the accounting of an ammunition delivery. The SOP will reflect the following procedure. For all ammunition deliveries, the ammunition will be received by 1) the on-duty supervisor; 2) If no supervisor is available, the Officer-in-charge will receive the ammunition. In no case shall the ammunition officer receive a shipment of ammunition.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/14/09
	INSPECTOR'S SIGNATURE 	DATE 09/29/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09

AREA Modesto 465	DIVISION Central 401	NUMBER CH. 17
EVALUATED BY Vaccarezza 17286		DATE 09/28/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>[Signature]</i> <i>10/26/09</i>	
BY		DATE 10.26.09	
1. COMMAND INVOLVEMENT		EVALUATED YES	ACTION REQUIRED NO

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION		EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? Area has eight hour OST days scheduled. Area needs more OST instructors.		

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3. SAFETY EQUIPMENT	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
8. FORCIBLE STOPS	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9. ROADBLOCKS	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
10. RADIO FAMILIARIZATION	<table border="1"> <tr> <td>EVALUATED</td> <td>ACTION REQUIRED</td> <td>CORRECTED</td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	EVALUATED	ACTION REQUIRED	CORRECTED	Yes	No	
EVALUATED	ACTION REQUIRED	CORRECTED					
Yes	No						
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

Quarterly ammunition audits should be stored with the CHP 269s.

Training/range officer related that at times only one range officer conducts range training. A minimum of two range officers should run range.

The range officer handles ammunition, receives shipments and records shoots in ETRS, per policy a designated ammunition officer is needed to insure accountability.

The area does not meet the requirement of one OST instructor per 8 officers. The area needs to send additional officers to OST instructor school.

Section 3. Uniformed personnel carry OC however the area did not have a use of OC for the time period evaluated. Section 6. An enforcement stop was not observed due to a lack of available personnel.

Section 5b(1)-(9) Not observed due to time constraints and lack of OST equipment. Topics discussed with participating Officers.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Modesto-465	Division: Central-401	Chapter: 17
Inspected by: Vaccarezza		Date: 09/28/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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Inspector's Findings:

Quarterly ammunition audits should be stored with the CHP 269s.

Training/range officer related that at times only one range officer conducts range training. A minimum of two range officers should run range.

The range officer handles ammunition, receives shipments and records shoots in ETRS, per policy a designated ammunition officer is needed to insure accountability.

The area does not meet the requirement of one OST instructor per 8 officers. The area needs to send additional officers to OST instructor school.

Commander's Response: <input type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Modesto-465	Division: Central-401	Chapter: 17
Inspected by: Vaccarezza		Date: 09/28/2009

Officer G. Wright, ID 15979, a non range officer, has been designated as the ammunitions officer.

Currently, the Area has two AOST instructors. The Area is attempting to schedule additional officers for AOST Instructor School next quarter.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Modesto-465	Division: Central-401	Chapter: 17
Inspected by: Vaccarezza		Date: 09/28/2009

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10-26-09
	INSPECTOR'S SIGNATURE 	DATE 9/28/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09

AREA 480	DIVISION Central	NUMBER CHP 17
EVALUATED BY D. Torres		DATE 08/05/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 10-15-09
BY _____			

1. COMMAND INVOLVEMENT	EVALUATED YES	ACTION REQUIRED No	CORRECTED
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a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No

(a) Do they attend officer safety training sessions? ☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED YES	ACTION REQUIRED No	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area has not completed the OST day for 2009. The Area training coordinator is attending the instructor course in 8/2009 and will be completing the OST days soon after.		

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		

(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Were demonstrations of the following control techniques by officers observed:			
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
(2) Is Division involved in the planning process?			
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?			
8. FORCIBLE STOPS			
a. Are Area personnel knowledgeable regarding the policy on forcible stops?			
(1) Does the Area follow departmental policy?			
(2) Have forcible stop reports been reviewed for compliance with policy?			
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?			
9. ROADBLOCKS			
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?			
(1) Are strategic points and personnel assignments outlined?			
(2) Have the officers received instructions on the proper methods of establishing roadblocks?			
(3) Have interagency training sessions been conducted?			
10. RADIO FAMILIARIZATION			
a. Are officers familiar with all aspects of the radio control head?			
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?			
c. Can officers efficiently operate all emergency equipment from the radio head?			

3(d) and 3(d)(1) - Officers carry the ASP.

4(e)(1)(b) - Shotgun inspections are behind.

4(e)(2)(b) - Rifle inspections are behind.

4(j)(1) - Primary firearm 6 month field strips are behind.

5(b) and 6(b)- Not observed due to a lack of available personnel for inspection.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Visalia	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/5/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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None.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Visalia	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/5/2009

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Inspector's Findings:

The Area is behind on its quarterly shotgun and rifle inspections and its primary firearm "field strip" inspections. The training coordinator has been recently changed and the new training coordinator has recognized the deficiency in the weapons inspections and has taken steps to remedy the problem.

The Area has a surplus of shotguns. It may be beneficial to the Area to relinquish a portion of their shotguns in order to alleviate the burden of having to inspect each shotgun on a quarterly basis.

The Area is inspecting all firearms on an annual basis.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT
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Command: Visalia	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/5/2009

Required Action
Corrective Action Plan/Timeline

When Area was made aware of the deficiency regarding weapons inspections immediate corrective action was taken. All shotguns and rifles were inspected including "field strip" inspections of primary firearms. The new Area Training Coordinator has developed a suspense system to ensure timely and on-going inspections of all Area firearms.

Area is authorized 30 shotguns and has 31 in its inventory. Area has coordinated with the Weapons Control Unit (WCU) to transfer the excess shotgun from its inventory.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	DATE
	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

STATE OF CALIFORNIA
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AREA MANAGEMENT EVALUATION
OFFICER SAFETY
CHP 453S (Rev. 6-06) OPI 009

AREA 481	DIVISION Central	NUMBER CHP 17
EVALUATED BY D. Torres		DATE 09/21/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>[Signature]</i>	
<input type="checkbox"/> Correction Report BY _____		DATE 10/20/2009	
1. COMMAND INVOLVEMENT		EVALUATED YES	ACTION REQUIRED NO

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? New OST beginning to be implemented with annual OST certification.		

(5) Have the supervisor and his/her alternate received proper training?

☒ Yes ☐ No**3. SAFETY EQUIPMENT**EVALUATED
YesACTION REQUIRED
No

CORRECTED

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? RP officer shoots with Area.		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3(d) and 3(d)(1) - Officers carry the ASP.

4(e)(1)(b) - Shotgun inspections are behind.

4(e)(2)(b) - Rifle inspections are behind.

5(b) and 6(b)- Not observed due to a lack of available personnel for inspection.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Porterville	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/212009

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

The Area is behind on its rifle and shotgun inspections.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Porterville Area realized that the shotgun and rifle inspections were not being completed as required by policy. Porterville immediately started the required inspections and has put into place a system to ensure the inspections will be completed timely and within policy.

Porterville Area in addressing # 7 (b) and 7 (b)(1); does in fact have written policy and procedure for allied agency pursuits. These are located in Area SOP and in the MOU agreement of the Tulare County Chiefs Association.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Porterville	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/21/2009

Required Action
Corrective Action Plan/Timeline

The Porterville Area realized that the shotgun and rifle inspections were not being completed as required by policy. Porterville immediately started the required inspections and has put into place a system to ensure the inspections will be completed timely and within policy. Porterville Area will have all rifles and shotguns inspected by November 25, 2009, and will complete future inspections within Department Policy guidelines.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/20/2009
	INSPECTOR'S SIGNATURE 	DATE 10/29/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/4/09

AREA 495	DIVISION Central	NUMBER CHP 17
EVALUATED BY D. Torres		DATE 08/18/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>[Signature]</i>	DATE 10/2/09
BY _____			

1. COMMAND INVOLVEMENT	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?		
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area has not completed the OST day for 2009. The Area has the OST training day scheduled for 4th quarter.		
(5) Have the supervisor and his/her alternate received proper training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3(d) and 3(d)(1)- Officers carry the ASP.

5(b) - Not observed due to lack of personnel.

6(b) - Not observed due to lack of personnel.

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EXCEPTIONS DOCUMENT

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Command: Coalinga	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/18/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

COMMAND INSPECTION PROGRAM
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Command: Coalinga	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/18/2009

Inspector's Findings:

The Area's training program is within departmental policy. The Area will be holding its OST days in 4th quarter of 2009.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/7/09
	INSPECTOR'S SIGNATURE 	DATE 10/29/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/3/09